FORM RP-10

## THE STATE OF NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

1990

INTEREST AND DIVIDENDS TAX RETURN

OFFICE USE ONLY

For the CALEN	IDAR year <b>or</b> ot	her tax year beginnin	Mo Day Year	and ending	Mo Day Year		<b>.</b> 1		
Due D		DAR year is on or before	ore April 16, 1991 or	15th day of 4t	th month after the c	close of the fiscal period	<u>J.</u>		
STEP 1	Last Name		First name & initial		SOCIAL SECURITY NUMBER  — — — —				
Place	SPOUSE'S Last name	е	First name & initial						
LABEL HERE Otherwise,	Name of Partnership,	Fiduciary		SPOUSE'S SOCIA	SPOUSE'S SOCIAL SECURITY NUMBER				
please print	Number and Street								
or type	City or Town, State an	nd Zip Code		FEDERAL IDENTIFICATION NUMBER (Partnerships & Fiduciary)					
eten a	EN	TITY TYPE		FEDERAL INCOM	E TAX RETURN				
STEP 2		HECK ONE	1	(	(INDIVIDUAL/JOINT on	ly)			
Entity Type and Federal		JAL/JOINT (1)			e 8a of IRS Form 1040 or	10407/	-++		
Information	PARTNER	_		B. Tax-exempt Interest Income (line 8b of IRS Form 1040 or 1040A) \$					
and Special	☐ FIDUCIAI	RY 49	C. Dividend Inco	C. Dividend Income (line 9 of IRS Form 1040 or 1040A)					
Return Type	☐ INITIAL	RETURN	AMENDED RETUR	ı FI	NAL RETURN	☐ SHORT PERIOD	RETURN		
STEP 3	☐ Establish	ed $\square$ Abandoned i	esidency in New Ha	mpshire durin	ng 1990	. Date moved	day year		
Questions	☐ Check he	ere if this return includ	es income of a dece	ased taxpayer	r	Date of death	day year		
	☐ Enter soc	ial security number of	deceased taxpayer						
	☐ Check he	ere if the IRS made ad	ustments to your Fe	deral Income	Tax Return that you	have not previously re	eported.		
	Submit cl					RS Examination			
STEP 4		СОМР	LETE PAGE 2	BEFORE (	COMPUTING	TAX			
STEP 5	6. Gross Ta	xable Income from line	e 5, page 2			6			
Figure Your	7. Less: \$1,	,200 individual, \$2,400	Joint, \$0 others			7			
Net Taxable	8. Adjusted Taxable Income (line 6 less line 7)								
Income	FOR INDIVIDUAL/JOINT FILERS ONLY: IF LINE 8 IS ZERO OR LESS, YOU ARE NOT REQUIRED TO FILE HOWEVER, TO BE REMOVED FROM OUR MAILING LIST CHECK HERE AND MAIL IN THE RETURN.								
	HOWEVER, 1	TO BE REMOVED FR	OM OUR MAILING I	-IST CHECK H	HERE AN	ID MAIL IN THE RETU	RN.		
		e exemptions that app		☐ Fiduciary	y L Blind L Si	oouse Blind			
	☐ 65 (o	r over) or disabled	Year of Birth	pouse 65 (or o	over) or disabled	Year of Birth			
	Total nun	nber of boxes checked	I × \$1,20	00 =		9.			
	<del></del>	ible Income (line 8 les							
STEP 6		mpshire Interest and				11.			
Figure Your		(a) Tax paid with your							
Tax, Credits,	(b) Payments from 1990 Declaration of Estimated Tax								
Interest and Penalty		(c) Credit carryover fr							
<b></b>		(d) Paid with original				10			
		(e) Other Credits or p	•			12.			
		of Tax Due (line 11 le							
	14. Additions	s to Tax: (a) Interest (s	ee general instructions) . Pay (see general instruc						
		` '	File (see general instruc						
	-		ment of Estimated T			14.			
						45			
STEP 7	15. Total Ba	lance Due (line 13 plu YMENT	S line 14) If less than \$ (Make check payable to: S	1.00 do not pay tate of New Hampshir	re) 10				
Figure Your Balance									
Due or Overpayment	17. Apply Ov	verpayment to: (a) Cre							
	Under penalties		fund — Please allow 12			nd complete. If prepared by a	person other		
STEP 8 Signature	than the taxpayer	r, this declaration is based or	all information of which t	ne/she has knowle	dge.				
0	]	Signature of taxpayer		Date	Signature of paid preparer other than taxpayer Date				
F	:	A humband and mile and a sin	on if only one had in	Date	Preparer's Identification Number				
, i c		husband and wife must sign ev			<del></del>	<del></del>			
C E	_	For next year, instea							
U S	wish to receive just a mailing label that you can give to your preparer? If yes, check here If we have a question may we contact your preparer? Yes								
E		a Preparer III we have a question may we contact your preparer:				Yes No			
Ņ	i 📄 MAIL	TO: INTEREST & DIV	IDENDS TAX, 61 S	D. SPRING ST	Г., Р.О. BOX 2072,	CONCORD, NH 03302	-2072		

FORM RP-10

## REPORT OF INTEREST AND DIVIDENDS INCOME TAX YEAR 1990

LIST ALL PAYERS AND AMOUNTS IN PARTS A, B, C & D  WHETHER TAXABLE BY THE STATE OR NOT  WHETHER TAXABLE BY THE STATE OR NOT  PART A - INTEREST INCOME (See Instructions)  S  S  Amount from any supplemental schedule attached  1. Totals for Part A - Column 1 must agree with Step 2, line A, on page 1  Amount from any supplemental schedule attached  S  Amount from any supplemental schedule attached  S  Amount from any supplemental schedule attached  S  S  S  Amount from any supplemental schedule attached  S  S  S  Amount from any supplemental schedule attached  S  S  S  Amount from any supplemental schedule attached  S  S  S  Amount from any supplemental schedule attached  S  S  S  Amount from any supplemental schedule attached  S  S  S  Amount from any supplemental schedule attached  S  S  S  Amount from any supplemental schedule S line 0, in page 1  S  S  S  Amount from any supplemental schedule S line 0, in page 1  S  S  S  S  Amount from any supplemental schedule S line 0, in page 1  S  S  S  S  S  S  S  S  S  S  S  S  S	SOURCE				IN 1	COLUMN 2	
Amount from any supplemental schedule attached  1. Totals for Part A. Column I must agree with Step 2, line A, on page 1  S  Amount from any supplemental schedule attached  3. Totals for Part A. Column I must agree with Step 2, line A, on page 1  S  S  S  S  S  S  S  S  S  S  Amount from any supplemental schedule attached  S  S  S  S  S  S  S  S  S  S  S  S  Amount from any supplemental schedule attached  S  S  S  S  S  S  S  S  S  S  S  S  S	LIST ALL PAYERS AND AMOUNTS IN PARTS A, B, C & D WHETHER TAXABLE BY THE STATE OR NOT				SHOWN DERAL	ENTER ONLY THE AMOUNTS THAT ARE TAXABLE TO	
Amount from any supplemental schedule attached  1. Totals for Part A - Column 1 must agree with Step 2, line A, on page 1  S  PART B - DIVIDEND INCOME (See Instructions)  S  Amount from any supplemental schedule attached  SUB TOTAL  Amount from any supplemental schedule attached  SUB TOTAL  SUB TOTAL  S   S   S    S   S    Amount from any supplemental schedule attached  SUB TOTAL TOTAL REFURN CAPITAL PORTION OF ALL DIVIDENDS  (Individual/Joint filers: from your 1040, Schedule B, line 0)  (Individual/Joint filers: from your 1040, Schedule B, line 0)  (Individual/Joint filers: from your 1040, Schedule B, line 0)  (Individual/Joint filers: from your 1040, Schedule B, line 0)  S   S    PART C - FEDERAL EXEMPT INTEREST INCOME (See Instructions)  S   S    Amount from any supplemental schedule attached  3. Totals for Part C - Column 1 must agree with Step 2, line B, on page 1  S   S    Amount from any supplemental schedule attached  3. Totals for Part C - Column 1 must agree with Step 2, line B, on page 1  S   S    S   S    Amount from any supplemental schedule attached  3. Totals for Part C - Column 1 must agree with Step 2, line B, on page 1  S   S    S   S    Amount from any supplemental schedule attached  3. Totals for Part C - Column 1 must agree with Step 2, line B, on page 1  S   S    S	PAHIA -	INTEREST INCOME (See Instructions)		•		•	
Amount from any supplemental schedule attached  1. Totals for Part A - Column 1 must agree with Step 2, line A, on page 1  \$  \$  \$  \$  Amount from any supplemental schedule attached  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$				Ψ	<del>                                     </del>	Ψ	
Amount from any supplemental schedule attached  1. Totals for Part A - Column 1 must agree with Step 2, line A, on page 1  \$  \$  \$  \$  Amount from any supplemental schedule attached  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$							
Amount from any supplemental schedule attached  1. Totals for Part A - Column 1 must agree with Step 2, line A, on page 1  \$  \$  \$  \$  Amount from any supplemental schedule attached  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$							
Amount from any supplemental schedule attached  1. Totals for Part A - Column 1 must agree with Step 2, line A, on page 1  \$  \$  \$  \$  Amount from any supplemental schedule attached  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$							
Amount from any supplemental schedule attached  1. Totals for Part A - Column 1 must agree with Step 2, line A, on page 1  \$  \$  \$  \$  Amount from any supplemental schedule attached  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$							
Amount from any supplemental schedule attached  1. Totals for Part A - Column 1 must agree with Step 2, line A, on page 1  \$  \$  \$  \$  Amount from any supplemental schedule attached  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$							
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1. Totals for Part A - Column 1 must agree with Step 2, line A, on page 1  S  S  PART B - DIVIDEND INCOME (See Instructions)  S  S  S  S  S  S  S  S  S  S  S  S  S			1		_		
1. Totals for Part A - Column 1 must agree with Step 2, line A, on page 1  S  S  PART B - DIVIDEND INCOME (See Instructions)  S  S  S  S  S  S  S  S  S  S  S  S  S				<del> </del>	+-	-	
1. Totals for Part A - Column 1 must agree with Step 2, line A, on page 1  S  S  PART B - DIVIDEND INCOME (See Instructions)  S  S  S  S  S  S  S  S  S  S  S  S  S	Amount fr	rom any supplemental schedule attached					
PART B - DIVIDEND INCOME (See Instructions)  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			ne A, on page 1	\$		\$	
Amount from any supplemental schedule attached  SUB TOTAL  (a) ENTER THE TOTAL CAPITAL GAINS PORTION OF ALL DIVIDENDS (Individual/Joint filers: from your 1040, Schedule B, line 6)  (b) ENTER THE TOTAL RETURN OF CAPITAL PORTION OF ALL DIVIDENDS (Individual/Joint filers: from your 1040, Schedule B, line 7)  (c) ENTER THE TOTAL OF (a) and (b)  2. Totals for Pert B — SUB TOTAL less Line (c) Column 1 must agree with Step 2, line C, on page 1  S  PART C - FEDERAL EXEMPT INTEREST INCOME (See Instructions)  S  Amount from any supplemental schedule attached 3. Totals for Pert C - Column 1 must agree with Step 2, line B, on page 1  S  PART D - OTHER INCOME SUBJECT TO INTEREST & DIVIDEND TAX (See Instructions)  S  4. Total Part D  5. Enter Total Taxable Amounts From Column 2, Parts A, B, C & D here				<u> </u>			<u> </u>
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## PAYER'S IDENTIFICATION NUMBER NAME OF PAYER  \$	3. Totals	for Part C - Column 1 must agree with Step 2, lie	ne B, on page 1	\$		\$	
## PAYER'S IDENTIFICATION NUMBER NAME OF PAYER  \$	PART D -	OTHER INCOME SUBJECT TO INTEREST & DIV	IDEND TAX (See Instructions)				
4. Total Part D 5. Enter Total Taxable Amounts From Column 2, Parts A, B, C & D here	ENTITY			R			
4. Total Part D  5. Enter Total Taxable Amounts From Column 2, Parts A, B, C & D here						\$	
5. Enter Total Taxable Amounts From Column 2, Parts A, B, C & D here							
5. Enter Total Taxable Amounts From Column 2, Parts A, B, C & D here							
	-					\$	
Also, enter same amount on line six (6) page one of this return					<b>A</b>		